

**HOW TO FILE A COMPLAINT
IF YOU BELIEVE YOUR
RIGHTS HAVE BEEN
VIOLATED**

If you have questions about this Notice or any complaints about our privacy practices, please write or contact the office listed below:

Arizona Department of Health Services
Children's Rehabilitative Services
150 North 18th Avenue, Suite 330
Phoenix AZ 85007
Phone (602) 542-1860

You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services at:

U.S. Department of Health and Human
Services
Office of Civil Rights
50 United Nations Plaza -- Room 322
San Francisco, California 94102
Attn: Regional Manager

Or call for a complaint form at
1-800-368-1019

**We will take no retaliatory action
against you if you make such
complaints.**

**Effective Date: This notice is effective
on April 14, 2003**

**Changes to Notice of
Privacy Practices**

CRS must obey this Notice starting on April 14, 2003. We have the right to change our privacy practices. If we make any changes, we will rewrite this Notice and give it to you right away.

**To get a copy of this Notice in other
languages, Braille, large print,
audiocassette or computer disk, please
call or write the Privacy Officer at the
number or address listed above.**

*****IMPORTANT*****

**CRS DOES NOT HAVE COMPLETE
COPIES OF HEALTH RECORDS.**

**IF YOU WANT TO LOOK AT, GET
A COPY OF, OR CHANGE A
CHILD'S HEALTH RECORD,
PLEASE CONTACT THE CHILD'S
DOCTOR, CLINIC OR HEALTH
PLAN.**



**OFFICE FOR CHILDREN
WITH SPECIAL HEALTH
CARE NEEDS

CHILDREN'S
REHABILITATIVE SERVICES
(CRS)**

**NOTICE OF
PRIVACY
PRACTICES**

THIS NOTICE DESCRIBES
HOW MEDICAL
INFORMATION ABOUT YOU
MAY BE USED AND
DISCLOSED AND HOW YOU
CAN GET ACCESS TO THIS
INFORMATION. PLEASE
REVIEW IT CAREFULLY.

The Arizona Department of Health Services (ADHS), Children's Rehabilitative Services (CRS), is committed to protecting your health information. Children's Rehabilitative Services is required by law to maintain the privacy of your health information, provide this notice to you, and abide by the terms of this notice. We reserve the right to change our privacy practices and the terms of this notice at any time.

ADHS/CRS MAY DISCLOSE YOUR HEALTH INFORMATION:

Children's Rehabilitative Services may access, use and/or share this health information for the purposes of the following:

Request funding to pay for the medical services and supplies provided to you.

Evaluate the performance of your CRS health care providers. For example, we may use your health information to conduct quality improvement activities such as evaluating whether CRS doctors, or other health care professional provided the services and care you needed.

Release information to its attorneys, accountants, and consultants so that the program is run efficiently and to detect and prosecute program fraud and abuse.

For health oversight activities, we may disclose health information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the public healthcare system, government programs and compliance with civil rights laws.

Mail to you program updates or family satisfaction surveys.

Share information with other government agencies or organizations that provide benefits or services when the information is necessary in order for you to receive those benefits or services.

When required by law, we may disclose health information when a law requires that we report information about suspected abuse, neglect or domestic violence, or in response to a court order. We must also disclose health information to authorities that monitor compliance with these privacy requirements.

For public health activities, we may disclose health information when we are required to collect information about disease or injury, or to report vital statistics or the results of public health surveillance, investigations or interventions.

Relating to decedents, we may disclose health information relating to a death to, coroners, medical examiners or funeral directors and to organ procurement organizations relating to organ, eye or tissue donations or transplants.

To avert threat to health or safety. In order to avoid a serious threat to health or safety, we may disclose health information as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

USES AND DISCLOSURES REQUIRING AUTHORIZATION

The law only allows Children's Rehabilitative Services staff to use your health information when doing their jobs or to share your information when it is necessary to run

Children's Rehabilitative Services. When health information is shared with other agencies or organizations, we require them to keep your health information confidential and to use the information for the purpose intended.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

If ADHS/CRS wishes to make a use or disclosure of your health information for a purpose that is not discussed in this Notice, ADHS/CRS will seek your permission. If you give your permission to ADHS/CRS, you may take back that permission any time, unless we have already relied on your permission to use or disclose the information.

Your Rights To Privacy

See and Get Copies of Your ADHS/CRS Information, you may be charged a fee for the cost of copying your information.

Request to Amend or Correct Your ADHS/CRS Information, if you think there is a mistake. You must provide a reason for your request.

Obtain a List of Disclosures made after April 14, 2003. This list will not include information provided to you or your family directly or information that was sent with your authorization. We will provide the first list to you free, but we may charge you for any additional list you request during the same year.

Request to Further Restrict Uses and Disclosures of Your Health Information. You have the right to request us not to make uses or disclosures of your health information to seek payment for care or to operate the program. We are not required to agree with your request but if we do agree, we will comply with that agreement. **Request How ADHS/CRS Communicates With You**. You have the right to request us to communicate with you in a way that you feel is more confidential. For example, you can ask us not to call your home but to communicate only by mail.

File a Complaint if you do not agree with how ADHS/CRS has used or disclosed information about you.

You have the right to receive this Notice -- You have the right to receive a paper copy of this Notice.

ANY REQUEST YOU MAKE TO ADHS/CRS MUST BE IN WRITING